

APPLICATION DATA SHEET

APPLICATION INFORMATION

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| Application Type:: | REGULAR |
| Subject Matter:: | UTILITY |
| CD-ROM or CD-R?:: | NONE |
| Title:: | METHOD, APPARATUS, AND SYSTEM FOR DEMAND ASSIGNMENT IN A COMMUNICATION NETWORK |
| Attorney Docket Number:: | 244906US8 |
| Request for Non-Publication?:: | YES |
| Total Drawing Sheets:: | 22 |

INVENTOR INFORMATION

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|---|------------------------|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | U.S.A. |
| Status:: | FULL CAPACITY |
| Given Name:: | Joseph |
| Middle Name:: | J. |
| Family Name:: | BOONE |
| City of Residence:: | FAIRFAX |
| State or Province of Residence:: | VIRGINIA |
| Country of Residence:: | U.S.A. |
| Street of Mailing Address:: | 6121 Saddle Horn Drive |
| City of Mailing Address:: | Fairfax |
| State or Province of Mailing Address:: | Virginia |
| Country of Mailing Address:: | U.S.A. |
| Postal or Zip Code of Mailing Address:: | 22030 |

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: CHINA
Status:: FULL CAPACITY
Given Name:: Hao
Family Name:: CHENG
City of Residence:: HERNDON
State or Province of Residence:: VIRGINIA
Country of Residence:: U.S.A.
Street of Mailing Address:: 13602 Flintwood Place
City of Mailing Address:: Herndon
State or Province of Mailing Address:: Virginia
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20171

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: DENMARK
Status:: FULL CAPACITY
Given Name:: David
Middle Name:: B. S.
Family Name:: EDSBERG
City of Residence:: HERNDON
State or Province of Residence:: VIRGINIA
Country of Residence:: U.S.A.
Street of Mailing Address:: 12819 Briary River Terrace
City of Mailing Address:: Herndon
State or Province of Mailing Address:: Virginia
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20170

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: INDIA
Status:: FULL CAPACITY
Given Name:: Venugopal
Family Name:: EYYUNNI
City of Residence:: CENTREVILLE
State or Province of Residence:: VIRGINIA
Country of Residence:: U.S.A.
Street of Mailing Address:: 6565 Creek Run Drive
City of Mailing Address:: Centreville
State or Province of Mailing Address:: Virginia
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20121

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: Jason
Middle Name:: B.
Family Name:: MAIORANA
City of Residence:: VIENNA
State or Province of Residence:: VIRGINIA
Country of Residence:: U.S.A.
Street of Mailing Address:: 9558 Pine Cluster Circle
City of Mailing Address:: Vienna
State or Province of Mailing Address:: Virginia
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 22181

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: iDirect Incorporated

Street of Mailing Address:: 10803 Parkridge Boulevard
City of Mailing Address:: Reston
State or Province of Mailing Address:: Virginia
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20191